

Home Health Value Based Purchasing – 2025 & Beyond!

PRESENTED BY:
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Chief Executive Officer



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Melinda A. Gaboury
CEO

Melinda A. Gaboury, with more than 30 years in home care, has over 20 years of executive speaking and educating experience, including extensive day to day interaction with home care and hospice professionals. She routinely conducts Home Care and Hospice Reimbursement Workshops and speaks at state association meetings throughout the country. Melinda has profound experience in Medicare PDGM training, billing, collections, case-mix calculations, chart reviews and due diligence. UPIC, RA, ADR & TPE appeals with all Medicare MACs have become the forefront of Melinda's current impact on the industry. She is currently serving as Chair of the NAHC/HHFMA Advisory Board and Work Group and is serving on the board of the Home Care Association of Florida and the Tennessee Association for Home Care. Melinda is also the author of the Home Health OASIS Guide to OASIS-E1 and Home Health Billing Answers, 2025.



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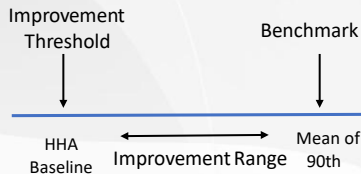
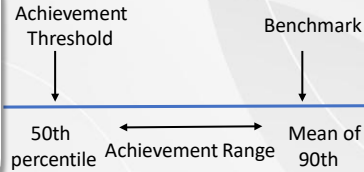
Achievement and Improvement Thresholds

Achievement Threshold

The median (50th percentile) of Medicare- certified HHAs' performance on each quality measure during the designated baseline year, calculated separately for the larger and smaller-volume cohorts.

Improvement Threshold

An individual HHAs' performance on an applicable measure during the HHA's designated baseline year.



Benchmark

The mean of the top decile (90th percentile) of all HHAs' performance scores on the specified quality measure during the baseline year, calculated separately for the larger and smaller-volume cohorts. Used to calculate both the achievement score and the improvement score.



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Achievement Score Calculation

We propose to calculate the achievement score using the following formula:

Achievement Score =

$$10 \times \frac{(\text{HHA Performance Score} - \text{Achievement Threshold})}{\text{Benchmark} - \text{Achievement Threshold}}$$



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Calculation of the Improvement Score

The following proposed improvement score formula quantifies the HHA's performance on each applicable measure in the performance year relative to its own performance in the baseline year by calculating the improvement score:

$$\text{Improvement Score} = 9 \times \frac{(\text{HHA Performance Score} - \text{HHA Improvement Threshold})}{\text{Benchmark} - \text{HHA Improvement Threshold}}$$



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Achievement Tab

Achievement Points

Measure	Performance Year Data Period [a] (12-Month End Date)	Your HHA's Performance Year Measure Value [b]	Your Cohort's Achievement Threshold [c]	Your Cohort's Benchmark [d]	Your HHA's Achievement Points [e]	Maximum Possible Achievement Points
OASIS-based Measures						
Discharged to Community	12-31-2024	78.112	72.652	84.249	4.708	10.000
Improvement in Dyspnea	12-31-2024	94.265	86.305	98.512	6.521	10.000
Improvement in Management of Oral Medications	12-31-2024	94.574	80.990	97.899	8.034	10.000
Total Normalized Composite (TNC) Change in Mobility [f]	12-31-2024	0.778	0.744	1.011	1.273	10.000
Total Normalized Composite (TNC) Change in Self-Care [g]	12-31-2024	2.216	2.123	2.733	1.525	10.000
Claims-based Measures						
Acute Care Hospitalizations	09-30-2024	10.072	13.907	7.773	6.252	10.000
Emergency Department Use Without Hospitalization	09-30-2024	8.472	11.782	4.689	4.667	10.000
HHAHPS Survey-based Measures						
Care of Patients	09-30-2024	90.213	89.254	94.448	1.846	10.000
Communications Between Providers and Patients	09-30-2024	82.909	86.626	93.036	0.000	10.000
Specific Care Issues	09-30-2024	71.286	82.048	91.198	0.000	10.000
Overall Rating of Home Health Care	09-30-2024	85.916	85.941	94.337	0.000	10.000
Willingness to Recommend the Agency	09-30-2024	80.050	79.986	91.202	0.057	10.000



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Improvement Tab

Improvement Points

Measure	Performance Year Data Period [a] (12-Month End Date)	Baseline Year Data Period [b] (12-Month End Date)	Your HHA's Performance Year Measure Value [c]	Your HHA's Improvement Threshold [d]	Your Cohort's Benchmark [e]	Your HHA's Improvement Points [f]
OASIS-based Measures						
Discharged to Community	12-31-2024	12-31-2022	78.112	73.127	84.249	4.034
Improvement in Dyspnea	12-31-2024	12-31-2022	94.265	79.664	98.512	6.972
Improvement in Management of Oral Medications	12-31-2024	12-31-2022	94.574	88.952	97.899	5.655
Total Normalized Composite (TNC) Change in Mobility [g]	12-31-2024	12-31-2022	0.778	0.819	1.011	0.000
Total Normalized Composite (TNC) Change in Self-Care [h]	12-31-2024	12-31-2022	2.216	2.107	2.733	1.567
Claims-based Measures						
Acute Care Hospitalizations	09-30-2024	12-31-2022	10.072	11.926	7.773	4.018
Emergency Department Use Without Hospitalization	09-30-2024	12-31-2022	8.472	9.682	4.689	2.181
HHAHPS Survey-based Measures						
Care of Patients	09-30-2024	12-31-2023	90.213	84.268	94.448	5.256
Communications Between Providers and Patients	09-30-2024	12-31-2023	82.909	85.424	93.036	0.000
Specific Care Issues	09-30-2024	12-31-2023	71.286	77.006	91.198	0.000
Overall Rating of Home Health Care	09-30-2024	12-31-2023	85.916	77.696	94.337	4.446
Willingness to Recommend the Agency	09-30-2024	12-31-2023	80.050	71.548	91.202	3.893



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Care Points Tab

Care Points

Measure	Sufficient Data for Measure Inclusion?	Your HHA's Achievement Points	Your HHA's Improvement Points	Your HHA's Care Points [a]	Your HHA's Percentile Ranking Within Your HHA's Cohort [b]
OASIS-based Measures					
Discharged to Community	Yes	4.708	4.034	4.708	50-74
Improvement in Dyspnea	Yes	6.521	6.972	6.972	50-74
Improvement in Management of Oral Medications	Yes	8.034	5.655	8.034	≥75
Total Normalized Composite (TNC) Change in Mobility	Yes	1.273	0.000	1.273	<25
Total Normalized Composite (TNC) Change in Self-Care	Yes	1.525	1.567	1.567	<25
Claims-based Measures					
Acute Care Hospitalizations	Yes	6.252	4.018	6.252	≥75
Emergency Department Use Without Hospitalization	Yes	4.667	2.181	4.667	≥75
HHAHPS Survey-based Measures					
Care of Patients	Yes	1.846	5.256	5.256	≥75
Communications Between Providers and Patients	Yes	0.000	0.000	0.000	<25
Specific Care Issues	Yes	0.000	0.000	0.000	<25
Overall Rating of Home Health Care	Yes	0.000	4.446	4.446	50-74
Willingness to Recommend the Agency	Yes	0.057	3.893	3.893	50-74
Number of Measures Included	12	Summed Care Points		47.068	50-74



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Measure Scorecard Tab

Measure Scorecard				
Measure	Your HHA's Care Points	Maximum Possible Points	Measure Weight [a]	Your HHA's Weighted Measure Points [b]
OASIS-based Measures				
Discharged to Community	4.708	10.000	5.833	2.746
Improvement in Dyspnea	6.972	10.000	5.833	4.067
Improvement in Management of Oral Medications	8.034	10.000	5.833	4.687
Total Normalized Composite (TNC) Change in Mobility	1.273	10.000	8.750	1.114
Total Normalized Composite (TNC) Change in Self-Care	1.567	10.000	8.750	1.371
Sum of OASIS-based Measures	22.554	50.000	35.000	13.985
Claims-based Measures				
Acute Care Hospitalizations	6.252	10.000	26.250	16.412
Emergency Department Use Without Hospitalization	4.667	10.000	8.750	4.084
Sum of Claims-based Measures	10.919	20.000	35.000	20.495
HHCAHPS Survey-based Measures				
Care of Patients	5.256	10.000	6.000	3.154
Communications Between Providers and Patients	0.000	10.000	6.000	0.000
Specific Care Issues	0.000	10.000	6.000	0.000
Overall Rating of Home Health Care	4.446	10.000	6.000	2.668
Willingness to Recommend the Agency	3.893	10.000	6.000	2.336
Sum of HHCAHPS Survey-based Measures	13.595	50.000	30.000	8.157
Sum of All Measures	47.068	120.000	100.000	42.637



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Measure Scorecard Tab

Total Performance Score (TPS)	
Number of Measures Included	12
Your HHA's Summed Care Points	47.068
Your HHA's Interim TPS	42.637
Percentile Ranking within Your HHA's Cohort [c]	50-74

TPS Statistics for Your HHA's Cohort	
Number of HHAs in Your HHA's Cohort	6,573
25th Percentile	23.730
50th Percentile	33.026
75th Percentile	43.646
99th Percentile	76.320

The percentile ranking is NOT the average.... the 50th percentile is the median of scores - - **Interpretation:** 75th percentile ranking means that 75% of agencies in the cohort performed worse than that agency on the quality measures.



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Annual Payment Adjustment

Performance Year	CY 2023
Maximum Payment Adjustment Percentage	5.000%
Payment Adjustment Application Year	CY 2025
Your HHA's Final TPS-Adjusted Payment Percentage	-0.933%

Annual Payment Adjustment Calculation

	(C1)	Step 1 (C2)	Step 2 (C3)	Step 3 (C4)	Step 4 (C5)	Step 5 (C6)	Step 6 (C7)	Step 7 (C8)
	Total Performance Score (TPS)	Prior Year Payment	Unadjusted Payment Amount 5% x (C2)	TPS-Adjusted Payment Amount (C1/100) x (C3)	Linear Exchange Function (LEF) Ratio Total (C3)/Total (C4)	Final TPS-Adjusted Payment Amount (C4) x (C5)	TPS-Adjusted Payment Percentage (C6)/(C2)	Final TPS-Adjusted Payment Percentage (C7) - 5%
Your HHA:	23.611	\$12,147,000	\$607,350	\$143,401	3.445	\$494,013	4.067%	-0.933%
Your HHA's Cohort (all HHAs):	29.308	\$16,533,718,824	\$826,685,941	\$239,969,354	3.445	\$826,685,935	5.000%	-

The all HHAs TPS above is the AVERAGE TPS for the entire cohort! This is DIFFERENT than the percentile rankings!



New 2025 Measures in the July IPR

CY 2025 Measure Set: Performance Summary

Measure	Performance Year Data Period [b]	Your HHA's Performance Year Measure Value	Your HHA's Percentile Ranking Within Your HHA's Cohort [c]	Your HHA's Cohort Statistics [d]			
				25th Percentile	50th Percentile	75th Percentile	99th Percentile
OASIS-based Measures							
Discharge Function (DC Function)	03-31-2025	54.015	<25	54.157	67.487	76.738	95.290
Claims-based Measures							
Discharge to Community – Post Acute Care (DTC-PAC)	12-31-2024	89.569	≥75	78.080	84.772	89.229	96.798
Potentially Preventable Hospitalizations (PPH)	12-31-2024	11.078	25-49	12.517	10.371	8.642	5.345



HH Value-Based Purchasing Achievement Points (Average)

State	Type	Discharged to Community	Dyspnea	Oral Meds	TNC Mobility	TNC Self-Care	Acute Care Hospitalization	Emergency Department
National	Larger Volume	2.772	3.596	3.409	3.377	3.567	2.054	2.141
Florida	Larger Volume	2.897	4.124	4.133	4.335	4.419	1.99	3.201
California	Larger Volume	4.131	4.644	3.389	2.32	2.443	3.402	3.56
Texas	Larger Volume	1.33	2.946	3.464	2.758	2.734	2.056	2.12



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HH Value-Based Purchasing Improvement Points (Average)

State	Type	Discharged to Community	Dyspnea	Oral Meds	TNC Mobility	TNC Self-Care	Acute Care Hospitalization	Emergency Department
National	Larger Volume	2.017	2.687	2.334	2.557	2.709	1.77	1.643
Florida	Larger Volume	2.206	2.395	2.046	2.755	2.704	1.651	1.846
California	Larger Volume	3.132	3.346	2.711	2.356	2.496	2.408	1.743
Texas	Larger Volume	1.581	3.068	2.672	2.508	2.705	1.993	1.906



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HH Value-Based Purchasing Achievement Points – HHCAHPS (Average)

State	Type	Care of Patients	Communication	Specific Care Issues	Overall Rating	Willingness to Recommend
National	Larger Volume	2.4	2.348	2.375	2.413	2.311
Florida	Larger Volume	1.3	1.429	1.095	1.649	1.409
California	Larger Volume	1.212	1.205	1.864	1.336	1.337
Texas	Larger Volume	2.88	2.537	2.705	2.974	2.763



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HH Value-Based Purchasing Improvement Points – HHCAHPS (Average)

State	Type	Care of Patients	Communication	Specific Care Issues	Overall Rating	Willingness to Recommend
National	Larger Volume	1.767	1.708	1.645	1.792	1.575
Florida	Larger Volume	1.513	1.5	1.357	1.589	1.417
California	Larger Volume	1.572	1.488	1.572	1.721	1.466
Texas	Larger Volume	2.058	1.71	1.77	1.997	1.771



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HH Value-Based Purchasing TPS & Adjustment Payment %

State	Type	Average TPS	Median TPS	Average Adjusted Payment %	Median Adjusted Payment %
National	Larger Volume	32.037	30.2655	0.42%	0.21%
Florida	Larger Volume	33.282	30.798	0.59%	0.31%
California	Larger Volume	37.558	35.7695	1.21%	1.16%
Texas	Larger Volume	30.476	29.602	0.18%	0.10%



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HH Value-Based Purchasing TPS Percentiles

State	Type	25 th Percentile	50 th Percentile	75 th Percentile	99 th Percentile
National	Larger Volume	20.824	30.266	41.464	75.158
Florida	Larger Volume	22.709	30.798	42.412	80.982
California	Larger Volume	23.867	32.529	42.39	64.044
Texas	Larger Volume	19.466	29.602	40.323	70.739



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Exhibit 27. Measure Weights - CY 2023 and CY 2024 vs CY 2025 Performance Years

Measure Category	Quality Measures	Finalized Redistributions			
		Current Measure Weights* (CY 2023, CY 2024)		Measure Weights Beginning CY 2025	
		Larger-Volume Cohort	Smaller-Volume Cohort	Larger-Volume Cohort	Smaller-Volume Cohort
OASIS-based Measures	Discharged to Community	5.83%	8.33%	-	-
	Improvement in Dyspnea	5.83%	8.33%	6.00%	8.57%
	Improvement in Management of Oral Medications	5.83%	8.33%	9.00%	12.86%
	TNC Change in Mobility	8.75%	12.5%	-	-
	TNC Change in Self-Care	8.75%	12.5%	-	-
	Discharge Function Score	-	-	20.00%	28.57%
	Sum of OASIS-based Measures	35.00%	50.00%	35.00%	50.00%
Claims-based Measures	Acute Care Hospitalization	26.25%	37.50%	-	-
	Emergency Department Use	8.75%	12.50%	-	-
	Potentially Preventable Hospitalization	-	-	26.00%	37.14%
	Discharge to Community-Post Acute Care	-	-	9.00%	12.86%
	Sum of Claims-based Measures	35.00%	50.00%	35.00%	50.00%
HHAHPS Survey-based Measures	Care of Patients	6.00%	0.00%	6.00%	0.00%
	Communication Between Providers and Patients	6.00%	0.00%	6.00%	0.00%
	Specific Care Issues	6.00%	0.00%	6.00%	0.00%
	Overall Rating of Home Health Care	6.00%	0.00%	6.00%	0.00%
	Willingness to Recommend the Agency	6.00%	0.00%	6.00%	0.00%
		Sum of HHAHPS Survey-based Measures	30.00%	0.00%	30.00%
	Sum of All Measures	100.00 %	100.00 %	100.00 %	100.00 %

*The weights of the measure categories, when one (1) category is removed, are based on the relative weight of each category when all measures are used. For example, if an HHA is missing the HHAHPS category, the remaining two (2) measure categories (OASIS-based and claims-based) each have a weight of 50%.

Source: Expanded Home Health Value-Based Purchasing (HHVBP) Model December 2023

<https://www.cms.gov/priorities/innovation/media/document/hhvbp-exp-model-guide>



Final Achievement Thresholds and Benchmarks

Measure	Data Period [b] (12-Month End Date)	Achievement Threshold [c]		Benchmark [c]		
		Smaller-volume Cohort	Larger-volume Cohort	Smaller-volume Cohort	Larger-volume Cohort	
OASIS-based Measures						
Discharged to Community	12-31-2022	66.012	72.652	88.914	84.249	
Improvement in Dyspnea	12-31-2022	74.818	86.305	99.991	98.512	
Improvement in Management of Oral Medications	12-31-2022	68.978	80.990	99.409	97.899	
Total Normalized Composite (TNC) Change in Mobility	12-31-2022	0.605	0.744	0.987	1.011	
Total Normalized Composite (TNC) Change in Self-Care	12-31-2022	1.726	2.123	2.773	2.733	
Claims-based Measures						
Acute Care Hospitalizations	12-31-2022	12.011	13.907	4.869	7.773	
Emergency Department Use Without Hospitalization	12-31-2022	8.327	11.782	1.245	4.689	
HHAHPS Survey-based Measures						
Care of Patients	12-31-2022	-	89.254	-	94.448	
Communications Between Providers and Patients	12-31-2022	-	86.626	-	93.036	
Specific Care Issues	12-31-2022	-	82.048	-	91.198	
Overall Rating of Home Health Care	12-31-2022	-	85.941	-	94.337	
Willingness to Recommend the Agency	12-31-2022	-	79.986	-	91.202	



CY 2025 Measure Set: Final Achievement Thresholds and Benchmarks

Measure	Data Period [b]	Achievement Threshold [c]		Benchmark [c]	
		Smaller-volume Cohort	Larger-volume Cohort	Smaller-volume Cohort	Larger-volume Cohort
OASIS-based Measures					
Discharge Function (DC Function)	12-31-2023	51.355	62.350	91.426	83.179
Improvement in Dyspnea	12-31-2023	83.260	89.672	100.000	99.422
Improvement in Management of Oral Medications	12-31-2023	73.666	85.175	99.997	98.746
Claims-based Measures					
Discharge to Community – Post Acute Care (DTC-PAC)	12-31-2023	75.665	85.161	93.536	95.089
Potentially Preventable Hospitalizations (PPH)	12-31-2023	10.066	10.003	7.565	6.302
HCAHPS Survey-based Measures					
Care of Patients	12-31-2023	-	89.507	-	94.585
Communications Between Providers and Patients	12-31-2023	-	86.821	-	93.192
Specific Care Issues	12-31-2023	-	82.373	-	91.297
Overall Rating of Home Health Care	12-31-2023	-	86.328	-	94.687
Willingness to Recommend the Agency	12-31-2023	-	80.226	-	91.391



DTC-PAC

- ▶ This Medicare claims-based outcome measure assesses successful discharge to community from an HHA, with successful discharge to community including no unplanned hospitalizations and no death in the 31 days following discharge. Specifically, this measure reports an HHA's risk-standardized rate of Medicare fee-for-service (FFS) patients who are discharged to the community following an HHA stay, and do not have an unplanned admission to an acute care hospital or long-term care hospital (LTCH) in the 31 days following discharge to community, and who remain alive during the 31 days following discharge to community.



DTC-PAC

Measure Category	Claims-based
Data Source	Claims – Medicare fee-for-service (FFS)
Measure Description	This measure assesses successful discharge to the community from an HHA, with successful discharge to the community including no unplanned hospitalizations and no death in the 31 days following discharge.
Measure Calculation	<p>Numerator: The risk-adjusted estimate of the number of patients who are discharged to the community, do not have an unplanned admission to an acute care hospital (ACH) or long-term care hospital (LTCH) in the 31-day post-discharge observation window, and who remain alive during the post-discharge observation window.</p> <p>Denominator: The risk-adjusted expected number of discharges to community. This estimate includes risk adjustment for patient characteristics with the HHA effect removed. The “expected” number of discharges to community is the predicted number of risk-adjusted discharges to community if the same patients were treated at the average HHA appropriate to the measure for home health stays that begin during the two (2) year observation window.</p> <p>Risk-Standardized Rate: Numerator over denominator times the national observed DTC-PAC rate.</p> <p>Measure-specific Exclusions: Home health stays discharged: to psychiatric hospital, against medical advice, to disaster alternative care sites or federal hospitals, court/law enforcement, or hospice; enrolled in hospice in the post-discharge observation window; not continuously enrolled in Medicare Parts A and B or enrolled in Part C; a short-term acute care stay or psychiatric stay for non-surgical treatment of cancer in the 30 days prior to PAC admission; discharge to another home health agency; or baseline nursing facility residents who return to nursing home as place of residence.</p>
Measure Type	Utilization outcome



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DTC-PAC

Measure exclusion criteria are as follows:

- Age under 18 years;
- Discharges to a psychiatric hospital;
- Discharges against medical advice;
- Discharges to disaster alternative care site or a federal hospital;
- Discharges to court/law enforcement;
- Discharges to hospice or patient stays with a hospice benefit in the 31-day post-discharge window;
- Stays for patients without continuous Parts A and B FFS Medicare enrollment during the 12 months prior to the HHA admission date and the 31 days after the HHA discharge;
- HHA stays preceded by a short-term acute care or psychiatric stay for non-surgical treatment of cancer;
- Stays ending in transfer to a HHA; and
- Stays with problematic claims data (e.g. anomalous records for stays that overlap wholly or in part, or are otherwise erroneous or contradictory).
- Medicare Part A benefits exhausted



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HH With-in Stay Potentially Preventable Hospitalization (PPH)

- ▶ This measure reports a home health agency (HHA)-level rate of risk-adjusted potentially preventable hospitalization (PPH) or potentially preventable observation stays (PPOBS) that occur within a home health (HH) stay for all eligible stays at each agency. A HH stay is a sequence of HH payment episodes separated from other HH payment episodes by at least two days.



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HH With-in Stay Potentially Preventable Hospitalization (PPH)

Measure Category	Claims-based
Data Source	Claims – Medicare fee-for-service (FFS)
Measure Description	HHA-level rate of risk-adjusted potentially preventable hospitalization (PPH) or potentially preventable observation stays (PPOBS) that occur within a home health stay for all eligible stays at each agency.
Measure Calculation	<p>Numerator: The risk-adjusted prediction of the number of patients with at least one (1) potentially preventable hospitalization (i.e., in an acute care hospital or long-term care hospital) or observation stay during the home health stay.</p> <p>Denominator: The risk-adjusted expected number of hospitalizations or observation stays. The “expected” number of observation stays or admissions is the projected number of risk-adjusted hospitalizations if the same patients were treated at the average HHA appropriate to the measure.</p> <p>Risk-Standardized Rate: Numerator over denominator times the national observed PPH rate.</p> <p>Measure-specific Exclusions: Home health stays 1) that begin with a Low Utilization Payment Adjustment (LUPA) claim, 2) in which the patient receives service from multiple agencies during the home health stay, or 3) for patients not continuously enrolled in Medicare Part A FFS for the 12 months prior to the home health admission date through the end of the home health stay.</p>
Measure Type	Utilization outcome



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HH With-in Stay Potentially Preventable Hospitalization

The following stays are excluded from the measure:

- 1) Stays where the patients are less than 18 years old.
- 2) Stays where the patients were not continuously enrolled in Part A FFS Medicare for the 12 months prior to the HH admission date through the end of the home health stay.
- 3) Stays that begin with a Low Utilization Payment Adjustment (LUPA) claim.
- 4) Stays where the patient receives service from multiple agencies during the home health stay.
- 5) Stays where the information required for risk adjustment is missing.
 - ▶ If one of the four conditions occur, the stays will be excluded:
 - ▶ Missing beneficiary's birthday information;
 - ▶ Beneficiary has gender other than male or female;
 - ▶ Missing or invalid Health Insurance Prospective Payment System (HIPPS) code; Abt Associates
 - ▶ Beneficiary has Medicare Status Code other than the following: 10: Aged without ESRD, 11: Aged with ESRD, 20: Disabled without ESRD, 21: Disabled with ESRD, 31: ESRD only



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HH With-in Stay Potentially Preventable Hospitalization

- ▶ **Planned Inpatient Admissions or Observation Stays** This measure is focused on inpatient admissions or observation stays that are **potentially preventable (PP) and unplanned**. Thus, planned admissions are not counted in the numerator—PPs are only counted in the numerator if the inpatient admission or observation stay is considered unplanned.
- ▶ If an inpatient or outpatient claim contains a code for a procedure that is frequently a planned procedure, then that inpatient admission or observation stay is designated to be a planned inpatient admission or observation stay. Similarly, if an inpatient or outpatient claim contains a code for a diagnosis that is frequently a planned diagnosis, then that inpatient admission or observation stay is designated to be a planned inpatient admission or observation stay. However, the planned inpatient admission or observation stay is reclassified as unplanned if the claim also contains a code indicating one or more acute diagnoses from a specified list.



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Discharge Function Score

- ▶ **Numerator:** Number of home health episodes with an observed discharge function score that is equal to or higher than the calculated **expected discharge function score**.
- ▶ **Denominator:** Number of home health episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.

What's new?

Uses "GG" OASIS Questions instead of M1800s



Discharge Function Score

Measure Category	OASIS-based
Data Source	Section GG – Self-Care [GG0130 three (3) items], Mobility [GG0170 eight (8) items]
Measure Description	Proportion of HHA's episodes where a patient's observed discharge score meets or exceeds their expected discharge score.
Measure Calculation	<p>Numerator: Number of quality episodes in an HHA with an observed discharge function score that is equal to or higher than the calculated expected discharge function score.</p> <div style="border: 1px solid #00728f; padding: 5px; margin: 5px 0;"> <p>Observed score: Sum of the individual items at discharge. Expected score: Determined by applying a regression equation determined from risk adjustment to each home health episode.</p> </div> <p>Denominator: Total number of home health quality episodes with an OASIS record in the measure target period [four (4) quarters] that do not meet the exclusion criteria.</p> <p>Measure-specific Exclusions: Episodes that end with unexpected inpatient facility transfer, death, or discharge to hospice; patient less than 18 years old; coma or vegetative state; episodes less than three (3) days.</p>
Measure Type	End Result Outcome – Health



Discharge Function Score

Item	Item Description
GG0130A	Eating
GG0130B	Oral Hygiene
GG0130C	Toileting Hygiene
GG0170A	Roll Left and Right
GG0170C	Lying to Sitting on Side
GG0170D	Sit to Stand
GG0170E	Chair/Bed-to-Chair Transfer
GG0170F	Toilet Transfer
GG0170I	Walk 10 Feet
GG0170J	Walk 50 Feet with 2 Turns
GG0170R	Wheel 50 Feet with 2 Turns



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Discharge Function Score

An expectation for discharge function score is built for each HHA episode by accounting for patient characteristics that impact their functional status. The final Discharge Function Score for a given HHA is the proportion of that HHA's episodes where a patient's observed discharge score meets or exceeds their expected discharge score. HHAs with low scores are not producing the functional gains that they could be for a larger share of their patients. The measure provides actionable feedback to HHAs that has the potential to hold providers accountable and encourage them to improve the quality of care they deliver. This measure also promotes patient wellness, encourages the provision of adequate therapy to help prevent adverse outcomes (e.g., rehospitalization), and increases the transparency of quality of care in the HH setting. The Discharge Function Score measure adds value to the HH QRP function measure portfolio by using specifications that allow for better comparisons across post-acute care (PAC) settings, considering both self-care and mobility activities in the function score, and refining the approach to addressing missing item scores.



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Discharge Function Score

The HH episode is excluded if any of the following are true:

- ▶ Patients with an incomplete stay. Patients with incomplete stays include patients who are unexpectedly discharged to an acute care setting (Short-stay Acute Hospital, Critical Access Hospital, Inpatient Psychiatric Facility, or Long-term Care Hospital); patients who die; and patients with an HH episode that is less than 3 days.
- ▶ Patient is in a coma, persistent vegetative state, has complete tetraplegia, locked-in state, severe anoxic brain damage, cerebral edema, or compression of the brain.
- ▶ Patient is younger than 18 years: Age in years is calculated based on the truncated difference between admission date and birth date, i.e., the difference is not rounded to nearest whole number.
- ▶ Patient is discharged to hospice (home or institutional facility)



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Proposed Changes - 2026!

Propose to **remove** the following HHCAHPS Survey based measures from the HHVBP applicable measure set starting with CY 2026:

- Care of Patients
- Communications between Providers and Patients
- Specific Care Issues



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Proposed Changes - 2026!

Proposed Addition of Medicare Spending Per Beneficiary Post-Acute Care (MSPB-PAC) to the Expanded HHVBP Model Applicable Measure Set. We propose to add the claims-based MSPB-PAC measure to the HHVBP applicable measure set starting in CY 2026. This cross-setting 2-year measure was required by the Improving Post-Acute Care Transformation Act of 2014 (IMPACT Act) and was added to the Home Health Quality Reporting Program on January 1, 2017.

We propose adding three OASIS-based function measures to the HHVBP applicable measure set beginning with CY 2026:

- Improvement in Bathing (based on OASIS item M1830)
- Improvement in Upper Body Dressing (based on OASIS item M1810)
- Improvement in Lower Body Dressing (based on OASIS item M1820)



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M1800 Section of OASIS

Don't forget that the following is true of the M1800 Section:

- ▶ Directly Impacts day-to-day PDGM Reimbursement
- ▶ Most directly impact Risk Adjustment of outcome measures
- ▶ Most directly impact Quality of Patient Care Star Ratings

PROPOSED FOR 2026 - THE FOLLOWING ADDED AS HHVBP MEASURES:

- ▶ Improvement in Bathing (based on OASIS item M1830)
- ▶ Improvement in Upper Body Dressing (based on OASIS item M1810)
- ▶ Improvement in Lower Body Dressing (based on OASIS item M1820)



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Medicare Spending Per Beneficiary – Post Acute Care

- ▶ We propose to add the claims-based MSPB-PAC measure to the HHVBP applicable measure set starting in CY 2026. This cross-setting 2-year measure was required by the Improving Post-Acute Care Transformation Act of 2014 (IMPACT Act) and was added to the Home Health Quality Reporting Program on January 1, 2017.
- ▶ The MSPB-PAC measure is intended to incentivize providers to redesign care systems to provide coordinated, high-quality, and cost-efficient care. It holds HHAs accountable for Medicare payments for an episode of care that includes the period during which a patient is directly under HHA care, as well as a defined period after the end of HHA treatment, which may be reflective of and influenced by the services provided by the HHA. Evaluating Medicare payments during an episode creates a continuum of accountability between providers and has the potential to improve post-treatment care planning and coordination. In conjunction with the other performance measures used in the expanded HHVBP Model, explicit measurement of costs of care will allow recognition of HHAs that provide high quality care at a lower cost.



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Medicare Spending Per Beneficiary – Post Acute Care

- ▶ If this measure is finalized as proposed, we anticipate reporting preliminary benchmarks, achievement thresholds, and improvement thresholds for the MSPB-PAC measure in the October 2025 Interim Performance Reports (IPR). The MSPB-PAC measure will use 2 years of data covering CY 2022 and CY 2023 as baseline data. Because the MSPB-PAC measure is a two-year measure, CY 2026 performance for the measure will be calculated based on 2 years of performance data (CY 2025/2026). The MSPB-PAC measure was designed as a 2-year measure to optimize reliability. In addition, each performance year will consist of 1 year of data that does not overlap with data from the prior performance year, which provides sufficient opportunity to capture quality improvement over time.



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Medicare Spending Per Beneficiary – Post Acute Care

Numerator: The numerator for a PAC provider's MSPB-PAC measure is the MSPB-PAC Amount. The MSPB-PAC Amount is the average risk-adjusted episode spending across all episodes for the attributed provider, multiplied by the national average episode spending level for all PAC providers in the same setting. The MSPB-PAC Amount for each PAC provider depends on two factors: (1) the average of the ratio of the standardized episode spending level to the expected episode spending for each PAC provider; and (2) the average standardized episode spending across all PAC providers of the same type. To calculate the MSPB-PAC Amount for each PAC provider, one calculates the average of the ratio of the standardized episode spending over the expected episode spending, and then multiplies this quantity by the average episode spending level across all PAC providers of the same type.



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Medicare Spending Per Beneficiary – Post Acute Care

Denominator: The denominator for a PAC provider's MSPB-PAC measure is the episode-weighted national median of the MSPB-PAC Amounts across all PAC providers in the same setting.

$$\frac{\text{MSPB-PAC Amount}_j}{\text{National Median MSPB-PAC Amount}}$$



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TABLE 34--CY 2025 AND PROPOSED INDIVIDUAL MEASURE WEIGHTS AND CATEGORY WEIGHTS FOR THE EXPANDED HHVBP MODEL

Measure	CY 2025 Measure Weights		Proposed Measure Weights	
	Larger-Volume Cohort	Smaller-Volume Cohort	Larger-Volume Cohort	Smaller-Volume Cohort
Improvement in Dyspnea	6.00%	8.57%	7.00%	8.75%
Improvement in Management of Oral Medications	9.00%	12.86%	11.00%	13.75%
Discharge Function Score (DC Function)	20.00%	28.57%	15.00%	18.75%
Improvement in Bathing	-	-	3.50%	4.38%
Improvement in Upper Body Dressing	-	-	1.75%	2.19%
Improvement in Lower Body Dressing	-	-	1.75%	2.19%
Sum of OASIS-based Measures	35.00%	50.00%	40.00%	50.00%
Home Health within-stay Potentially Preventable Hospitalization (PPH)	26.00%	37.14%	15.00%	18.75%
Discharge to Community – Post Acute Care (DTC-PAC)	9.00%	12.86%	15.00%	18.75%
Medicare Spending Per Beneficiary- Post-Acute Care (MSPB-PAC)	-	-	10.00%	12.50%
Sum of Claims-based measures	35.00%	50.00%	40.00%	50.00%
Care of Patients	6.00%	0.00%	-	-
Communication Between Providers and Patients	6.00%	0.00%	-	-
Specific Care Issues	6.00%	0.00%	-	-
Overall Rating of Home Health Care	6.00%	0.00%	10.00%	0.00%
Willingness to Recommend the Agency	6.00%	0.00%	10.00%	0.00%
Sum of HHCAHPS Survey-based measures	30.00%	0.00%	20.00%	0.00%
Sum of All Measures	100.00%	100.00%	100.00%	100.00%



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Improving HHVBP Results

▶ **Tip #1: Define HHVBP Goals, Expectations and Responsibilities**

▶ Define your expectations for staff members and set goals based on the measures. Incorporate these measures into score cards and utilize new industry benchmarks to measure your progress.

▶ This can be done for the HHCAHPS Star Rating as well

▶ **Tip #2: Utilize a Team Approach**

▶ Assign a team/individual to oversee the HHVBP program. The team/individual is responsible for assessing staff education needs, facilitating staff training and instituting a culture within your organization that focuses on patient outcomes.

▶ This person should be the one or assigns someone to conducts surveys of your own, follow up with patients and caregivers after complaints, etc.

▶ **Tip #3: Educate ALL Staff**

▶ Educate the entire agency, especially field staff teams, on the HHCAHPS survey and reports, and all other measures your agency is struggling with. Make sure they understand what the patient is being asked to rate and incorporate actual survey language into their daily communications with patients.



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Improving HHVBP Results

▶ **Tip #4: Educate Patients/Caregivers - HHCAHPS**

- ▶ Advise patients that they may receive a HHCAHPS survey in the mail. Tell them that you value their feedback and cite examples of how your agency has utilized patient feedback in the past to improve quality of care to patients.

▶ **Tip #5: Evaluate Policies & Procedures**

- ▶ Evaluate how your current policies and procedures relate to your results on the HHVBP measures.
- ▶ Create or refine policies to address needed improvements and raise HHVBP scores.
 - ▶ Examples might include: Policy changes that fit specific HHCAHPS issues, Developing a strict policy on how and when complaint calls are handled, Enhancing greatly the OASIS Quality Review Process

▶ **Tip #6: Keep Track of Reported Scores**

- ▶ Utilize HHCAHPS Star Ratings & HHVBP Scores to focus on your publicly reported scores, and continually strive to improve these scores.



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Have any questions?

Scan the QR Code to
schedule a call!

***Thank You for Being
An HPS Alliance
Member!***

Let us know what we can do to help you!

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